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CONFIRMATION NO. 3616

Bib Data Sheet

SERIAL NUMBER -10/069,674	FILING DATE 02/22/2002	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 00438-02
	RULE			

APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US00/22886 08/21/2000 *✓*
 which claims benefit of 60/150,243 08/23/1999 *✓*

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>M</i> Examiner's Signature <i>M</i> Initials	VA	14	20	6

ADDRESS

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TITLE

Method and apparatus for predicting the risk of hypoglycemia

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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